Using Evidence to Protect Human Rights

Physicians for Human Rights
2021 Annual Report
As we go to press, Russian bombs are raining down on Ukraine, leveling cities, indiscriminately killing Ukrainian women, men, and children, and destroying hospitals and other civilian infrastructure. As the horror of the Russian invasion unfolded, Physicians for Human Rights (PHR) immediately sprang into action, creating and disseminating resources to investigate and document these war crimes so that those who commit these atrocities can face justice.

For more than 35 years, PHR has used the skills of health professionals and scientists to capture and bring to light evidence of human rights violations like these. As you will read in these pages, in this past year alone, we’ve mobilized thousands of doctors, nurses, and other health workers to expose the suffering of people caught in the U.S. immigration system, to successfully change harmful policies, and to demand that the United States treat migrants fairly and lawfully. We’ve brought together global experts to combat COVID-19 disinformation and to advocate for vaccine equity. We’ve safeguarded the right to protest safely by helping pass laws that curb police violence and the dangerous misuse of crowd-control weapons. We’ve documented the appalling attacks on health care workers and hospitals by Myanmar’s military and by the Syrian government and its Russian allies; our work is helping international justice mechanisms to prosecute those responsible. And, in collaboration with our medical, legal, and law enforcement partners in East and Central Africa and the Middle East, we helped achieve important milestones on the path to justice – including a landmark victory in Kenya – for survivors of sexual violence.

None of this would be possible without the crucial partnerships that PHR has forged over decades of work. We collaborate closely with our global networks of medical, scientific, public health, and legal experts – some of whom you will meet here – to bring irrefutable evidence to the task of protecting human rights and seeing justice achieved. We thank all our supporters for helping us carry out this critical work.

Jennifer Sime
Interim Executive Director
and Chief Operating Officer

Alan Jones
Board Chair

Cover: A Nicaraguan asylum seeker and his eight-year-old son wait in Mexico for their asylum case to be heard as part of the U.S. Migrant Protection Protocol, also known as the “Remain in Mexico” program. Photo: Paul Ratje/AFP/Getty Images
Staff members attend to a child at the Zaporizhzhia Regional Children’s Clinical Hospital, where children severely injured by Russian shelling are being treated. Hospitals across Ukraine have sandbagged their windows to protect against blasts.

Photo: Dmytro Smolyenko/Ukrinform/Getty Images
Exposing the Lasting Harm
of U.S. Immigration Policies

Amid the roiling national debate over U.S. immigration policy, PHR’s investigations, research, advocacy, convening power, and partnership-building every year mobilize thousands of leading health professionals and legal experts across the United States to advocate for and protect the human rights of immigrants and asylum seekers.

Over the past year, we have continued to expose the grievous and lasting trauma caused by the U.S. government’s family separation policy. We published four major reports and worked to change discriminatory practices and harmful laws. We advocated in courts, with the Biden administration, and with the Centers for Disease Control and Prevention (CDC) for more humane policies. We amplified our findings across national and international peer-reviewed journals and media, and we ensured that immigrants’ rights are kept squarely in the public discourse.
Since our founding more than 35 years ago, Physicians for Human Rights has worked closely with medical, scientific, legal, and human rights experts across the globe to investigate, expose, and advocate against human rights violations worldwide.

These partnerships have helped us leverage and amplify our work to achieve the greatest impact and to spark change at the highest levels of national and international policymaking. In the following pages, we introduce you to some of the distinguished partners we have the privilege of working with.
Jenn Budd (right) is a former senior patrol agent and intelligence agent for the U.S. Border Patrol. She resigned in protest after witnessing fellow agents’ cruel and inhumane treatment of migrants and is now an outspoken advocate for immigration policy reform, including rescinding the Title 42 expulsion order.

“In the academy, they teach the agents that the migrants are all criminals, that the children aren’t really children, they’re just soon-to-be criminals ... that they’re sub-human. The border patrol is playing political games with the lives of refugees, and Title 42 has allowed them to get away with anything. Title 42 has closed the ports, leaving [the refugees] nowhere to go. It funnels them to the river, where they drown. It funnels them to the desert, where they die of heat exposure. Or to the mountains, where they die from the snow. The death toll from enacting Title 42 is going to be the largest that we have ever seen. The only hope for accountability is for groups like PHR to document these things and ask for congressional hearings.”

**Our Impact**

Our investigations and advocacy helped restore the right to seek asylum.

Two years of PHR’s relentless work finally paid off when the Biden administration rescinded the Trump-era Title 42 expulsion order, which used the pretext of COVID-19 public health measures to effectively close U.S. borders to migrants pursuing their legal right to seek asylum in the United States.

Our report on family separation helped change U.S. policy, reuniting more than 100 migrant children with their families.

After President Biden cited our findings that family separation can amount to torture in his campaign ads, he established the Family Reunification Task Force to reunite migrant families ripped apart by the Trump administration’s immigration policies.

Our research is helping secure U.S. protection for survivors of gang and domestic violence.

As we published our report on the extreme trauma suffered by gang and domestic violence survivors, the U.S. government ended a Trump-era policy that limited asylum for these groups. We are targeting policymakers with our research and advocacy to ensure that new guidance protects these at-risk groups.

Our expertise helped free migrants from U.S. immigration detention.

Our medical and legal partners’ expert statements in U.S. courts secured release for more than 800 migrants who were at risk of contracting COVID-19 in Immigration and Customs Enforcement (ICE) detention.

Our advocacy helped close dangerous ICE facilities.

PHR and our partners exposed egregious conditions and successfully advocated to close three dangerous immigration detention facilities in Georgia, Massachusetts, and Pennsylvania.

We pushed lawmakers to protect ICE detainees from COVID-19.

After months of advocacy from PHR and our partners, California passed a law requiring private detention facility operators to comply with local and state public health orders and occupational health and safety regulations.

*Left: Former senior Border Patrol agent and immigrant rights activist Jenn Budd (right) with Doña Taide in front of a mural in Nogales, Mexico of Doña Taide’s 16-year-old grandson, Jose Antonio Elena Rodriguez, who was shot to death by a U.S. border patrol agent.*

*Photo: Courtesy of Jenn Budd*
“The cruel acts that the U.S. government perpetrated against asylum seekers demand more than a financial settlement... [They] must be paired with an official apology to all of the families that fully acknowledges the harm the U.S. government perpetrated, a concerted effort to meaningfully reform U.S. immigration laws and border enforcement policies ... and a grant of permanent immigration status.”

Kathryn Hampton, PHR Asylum Program Deputy Director and Dr. Ranit Mishori, PHR Senior Medical Advisor

A 22-year-old mother from Guatemala (left) who was expelled from the United States under the Title 42 order speaks with University of Michigan medical student and PHR researcher Alana Slavin. Photo: Lizbeth Chávez
Dr. Rebeca Cazares is the medical services coordinator for a community clinic in Tijuana, Mexico, where she has seen the dire impacts of the Title 42 expulsion order on the migrant communities she serves.

“Most of these people are fleeing violence, political persecution, and poverty. Imagine the type of desperation that you must have to leave everything you have, to risk your life and the lives of your family, to get here and just to face this ... to get stuck in a place where they are so vulnerable. Many end up re-experiencing the same things they are fleeing from. People here don’t have what they need to be safe while they wait for their asylum cases, and there’s no public health rationale to keep them here.”

We helped more than 1,000 migrants in their efforts to obtain asylum in the United States.

Our Asylum Network of more than 2,000 volunteer medical professionals conduct forensic medical evaluations of asylum seekers that support their applications for protection in the United States. More than 80 percent of our cases are successful – that’s nearly twice the national asylum grant rate.

A Key Piece of Evidence

Immigration attorney Lindsay Schenk worked with Dr. Deborah Ottenheimer, a member of PHR’s Asylum Network, to obtain a remote OB/GYN evaluation for her client, which helped her enter the United States to seek emergency medical care and to pursue her asylum claim. Schenk wrote to PHR:

PHR medical school asylum clinics have more than tripled in four years.

Our 21 asylum clinics across the United States have trained more than 4,700 medical professionals and medical students to conduct forensic medical and psychological evaluations of asylum seekers.
We Mobilized the Largest Group of Medical Professionals against the CDC’s “Junk Science” Title 42 Border Expulsion Policy – and Won!

More than 1,300 health professionals across 48 states and all the health professions joined PHR to demand that the CDC end this inhumane policy. Begun by the Trump administration, it used public health and the COVID-19 pandemic as an excuse to turn back from the border hundreds of thousands of children and adults, returning them instead to countries where they face danger and denying them any chance to seek asylum in the United States. Health professionals also advocated with us, testified before Congress, attended protests, contributed to our research, and dedicated hundreds of hours evaluating asylum seekers affected by this policy— all critical evidence that pushed the Biden administration to finally rescind this dangerous order.
The current stark vaccine inequalities around the globe are unacceptable, unnecessary, and dangerous, given the rise of new variants."

Dr. Michele Heisler, PHR Medical Director
Salim S. Abdool Karim, FRS, is a South African clinical infectious diseases epidemiologist. He is the Director of the Centre for the AIDS Programme of Research in South Africa (CAPRISA), Durban, a Professor of Global Health at Columbia University, New York, and a member of PHR’s Advisory Council.

“Vaccine inequity is creating a whole new category of have-s and have-nots. We have created a new division in this world. It’s not just about COVID-19 – the solution we are talking about needs to be a longer-term solution. Variants will continue to develop and spread, and as long as we keep our system of have-s and the have-nots, we will continue to be slaves to this virus. There is a failure of the world’s countries to appreciate the importance of mutual interdependence and global solidarity in dealing with this pandemic.”

Salim Abdool Karim, FRS
PHR Advisory Council Member

Salim S. Abdool Karim, FRS, is a South African clinical infectious diseases epidemiologist. He is the Director of the Centre for the AIDS Programme of Research in South Africa (CAPRISA), Durban, a Professor of Global Health at Columbia University, New York, and a member of PHR’s Advisory Council.

“Vaccine inequity is creating a whole new category of have-s and have-nots. We have created a new division in this world. It’s not just about COVID-19 – the solution we are talking about needs to be a longer-term solution. Variants will continue to develop and spread, and as long as we keep our system of have-s and the have-nots, we will continue to be slaves to this virus. There is a failure of the world’s countries to appreciate the importance of mutual interdependence and global solidarity in dealing with this pandemic.”

Brenda Bryant, who has been unhoused for 12 years, receives a COVID-19 vaccine from a health care worker outside the Los Angeles Mission in the Skid Row community of Los Angeles. PHR has advocated for equitable access to vaccines in the United States and globally.

Photo: Mario Tama/Getty Images

Above: Dr. Salim Abdool Karim at CAPRISA’s main laboratory.
Photo: Sandle Ndlovu
Safeguarding Human Rights Amid the COVID-19 Pandemic

continued

Our Impact

We helped **protect frontline health care workers**
by mobilizing thousands of leading U.S. health professionals to successfully demand increased personal protective equipment in health settings nationwide.

We helped **advance global vaccine equity**
by successfully pushing for the United States to support temporarily suspending vaccine patents.

We successfully advocated for a **global COVID-19 Summit**.
Alongside the global People’s Vaccine Alliance, we helped shape the media narrative around the urgent need for wealthy countries to increase vaccine manufacturing and equitable vaccine distribution.

We convened **global experts** in our groundbreaking COVID-19 webinar series.
These weekly conversations drew more than 20,000 registrations from across six continents to hear crucial perspectives on the most pressing public health and human rights issues of the pandemic.

We helped **reverse the U.S. travel ban on southern African countries**.
Our advocacy centered on PHR’s longstanding call for pandemic policymaking to be guided by public health best practice – and not politics.

We are leading the charge to **stop COVID-19 misinformation and disinformation**
by pushing for the sanctioning of health professionals who intentionally spread dangerous falsehoods about the disease that put lives at risk.

**The New York Times**

“A country-by-country approach, a nationalistic approach, is not going to get us out of this pandemic. And that’s where we are today.”

*Dr. Soumya Swaminathan, World Health Organization Chief Scientist, speaking at a PHR briefing*
Dr. Giselle Corbie is the founder and director of the University of North Carolina School of Medicine’s Center for Health Equity Research, a Kenan Distinguished Professor in the departments of social medicine and medicine, and a professor of internal medicine. She has contributed to PHR conversations about how structural racism and systemic inequities impact health outcomes and how to create systems that respect health as a human right.

“As Dr. Martin Luther King said, ‘What we’re seeing now is this inescapable network of mutuality – what affects one of us directly affects all of us indirectly.’ How do we ensure that the networks and systems that have finally come together to support black and brown communities are institutionalized and remain in place to address acute illness, disaster, and chronic disease?”

Above: Dr. Giselle Corbie speaking at the University of North Carolina School of Medicine.
Photo: Brian Strickland
Protecting the Right to Protest

PHR has deep expertise and a long track record of exposing the dire health impacts of crowd-control weapons (CCWs) and excessive use of force by law enforcement around the world. Our research has shown that so-called “less-lethal” weapons can cause serious injuries and even death, and we have advocated globally to sharply curtail their use. Our investigations of CCW use and police violence during the 2020 Black Lives Matter protests – including the targeted police attack on protesters in the Bronx, NY; police violence against protesters in Portland, OR; and the nationwide incidence of police firing rubber bullets at protesters’ heads – helped spur passage of new laws to safeguard people’s rights to assembly and free expression without fear of harm.

“These are large, dense, high-speed projectiles, and they cause significant and severe injuries. The basic rights, like free speech and free assembly, are being suppressed globally, and the primary way that that’s happening is because of crowd-control weapons.”

Dr. Rohini Haar, PHR Medical Advisor
Officers of the New York Police Department arrest Dr. Mike Pappas during a protest in the Mott Haven neighborhood of the Bronx, NY in June 2020. Photo: David Dee Delgado/Getty Images
Protecting the Right to Protest

continued

Our Impact

Our advocacy helped limit use of rubber bullets and tear gas by California police.

PHR worked closely with partners and lawmakers to pass Assembly Bill 48, which prohibits law enforcement agencies from using kinetic projectiles, chemical agents, and tear gas to disperse any peaceful assembly, protest, or demonstration.

We supported new regulations and restrictions on CCW use.

In Boston and San Francisco as well as Virginia, Massachusetts, and Washington, D.C., we helped secure bans on the use of kinetic projectiles, chemical agents, and tear gas to disperse peaceful crowds, officer training on the safe use of these weapons in life-threatening situations, and prohibitions on aiming at the head, neck, and other vital organs.

We helped win landmark financial reparations for survivors of police violence in the Bronx.

Our expert statement on the individual and community trauma inflicted by police on the Bronx, NY protesters also supported the demand for an innovative community reparations fund to address the physical and mental harms of the police attack and the history of police violence in that community.

The Washington Post

“This ongoing and multigenerational assault causes physiological changes.... [Racism] has been and is and will continue to be a foundational issue affecting millions and millions of Americans’ lives and health.... [But] awareness is not enough, statements are not enough, they need to be followed with actions.”

Ranit Mishori, PHR Senior Medical Advisor

Rohini Haar, MD, MPH

PHR Medical Advisor

Rohini J. Haar, MD, MPH is an emergency medicine physician and expert on health and human rights at the University of California, Berkeley. She focuses on the protection of human rights in times of complex humanitarian crisis and conflict and is a global authority on the harms caused by crowd-control weapons.

“So many governments around the globe are at war with their own people. Using weapons on unarmed civilian demonstrators is the most obvious and concrete part of that. These weapons – projectiles, tear gas, water cannons, and more – physically and mentally hurt people. But they have a much wider impact: they intimidate citizens from speaking freely. And they have a chilling effect on all human rights.”

Above: Dr. Rohini Haar addressing a conference on “less-lethal” weapons in Brazil in 2018.

Photo: João Paulo Brito/Conectas

Right: Medical professionals in St. Louis, MO protest police brutality and the killing of George Floyd.

Photo: Michael B. Thomas/Getty Images
Supporting Health Workers on the Front Lines in Myanmar

Since Myanmar’s military attempted to seize power in a bloody coup d’état in February 2021, PHR has been a key voice exposing the military’s targeted assault, arrest, torture, and killing of the country’s health professionals and its obstruction of the public’s access to hospitals and health services. PHR’s strong partnerships and long history of documenting human rights abuses in Myanmar have made us a critical resource for the global media, policymakers, NGOs, and international justice mechanisms and have helped keep the world’s attention on the ongoing crisis in Myanmar.

The Telegraph

“Healthcare has been under attack at every level – street medics during the pandemic, attacks on ambulances, charity organizations which provide support. They’ve faced a deliberate tactic of intimidation, with killings and arrests.”

Lindsey Green, PHR Program Officer
Myanmar medical staff and students protest in Mandalay against the military coup. PHR has documented the military’s widespread and targeted attacks on Myanmar’s health professionals and health care.

Photo: Stringer/AFP/Getty Images

Sandra Mon is a Burmese infectious disease epidemiologist specializing in health and human rights. She is affiliated with the University of Oxford and the Johns Hopkins Center for Public Health and Human Rights and has actively collaborated with PHR since the beginning of the February 2021 coup.

“Attacks on health care physically weaken and mentally demoralize the opposition. Blanket persecution of health care workers makes the simple act of seeking (and providing) health care a dangerous task. This is true in Myanmar, as in Syria, Afghanistan, and now Ukraine. The increasing ubiquity of such heinous warfare strategies warrants a swift and coordinated response from international health and human rights bodies.”
We cannot picture our partner for their security, due to the ongoing targeting of health care workers in Myanmar.

“Myanmar is in the midst of a humanitarian and health crisis. Denial of access to medical care and medicines has been used by the military as a weapon of war, compounded by direct attacks on medical personnel. We, the health care workers of Myanmar, urgently need international support to carry out our humanitarian duties, to guarantee delivery of medicine, medical supplies, and humanitarian care, and to end the targeting of medical personnel.”

An Anonymous Doctor in Myanmar
PHR Partner

“Our Impact

We exposed the extreme violence and systematic targeting of health care by Myanmar security forces.

Our unique dataset and five published reports on attacks on health during the crackdown are used and cited around the world.

Our forensic experts are regularly called upon to corroborate how the Myanmar military is torturing and killing anti-coup protesters in its custody.

Our documentation and advocacy helped to obtain a U.S. determination that Myanmar committed genocide and crimes against humanity.

PHR carried out four investigations on Myanmar’s 2017 attacks on the Rohingya minority, which killed thousands, leveled Rohingya villages, and drove hundreds of thousands of Rohingya into neighboring Bangladesh.

Our evidence supported passage of the BURMA Act in the U.S. House of Representatives to impose sanctions on those who violate human rights in Myanmar.

“We have received several reports so far of individuals with dire medical needs dying due to not receiving urgent care. The systematic stripping of the health workforce by the junta, in the middle of a pandemic no less, only worsens existing disparities in Myanmar’s fragile health system, and sets it on a path to cripple entire generations in the years to come.”

Sandra Mon, PHR Myanmar Partner

Right: A Myanmar medical worker displays a rubber bullet extracted from a resident who was shot by security forces disrupting an anti-coup protest in Yangon in March 2021.
Photo: Stringer/AFP/Getty Images
Syrian health care workers have been in the crosshairs since the start of their country’s 11-year conflict. Thousands have been arrested, tortured, and killed – the vast majority by the Syrian government – simply for carrying out their duty to treat all those who are sick and injured, without discrimination. PHR has meticulously documented and researched attacks on health care facilities and medical personnel since 2011, part of our effort to stop these war crimes, ensure that those who commit them face justice, safeguard Syrians’ right to access health care, and support mechanisms to account for those disappeared and murdered by the Assad regime.
A German court convicted a Syrian colonel for crimes against humanity.

This historic judgment was the first conviction in history for torture and murder committed by a foreign government still in power. The testimony of some of the courageous witnesses in the case was taken by PHR-trained Syrian doctors using international standards developed by PHR.

Our research is building evidence for the prosecution of grave crimes being committed in Syria.

We published three reports on the Syrian government’s detention and torture of health workers, denial of health care in recaptured territory, and health disparities and threats to humanitarian care for millions of people in northern Syria.

We helped safeguard humanitarian aid for millions of Syrians.

Our vigorous advocacy at the UN Security Council and beyond helped to preserve cross-border aid, but it remains woefully inadequate. We are continuing to advocate for the Syrian people’s right to life, health, justice, and accountability for the crimes committed against them.

“NPR”

“When a country attacks health-care facilities they are sending the message that they don’t have any boundaries to what they can do. This is targeting people who cannot defend themselves and who cannot pose a threat because they’re patients. It is a way to break people’s resilience. Going to the hospital becomes dangerous, going there to get help means risking your life.”

Dr. Houssam al-Nahhas, PHR Middle East and North Africa Researcher

Fadel Abdul Ghany, LLM
PHR Partner

Fadel Abdul Ghany, LLM, is the founder and head of the Syrian Network for Human Rights (SNHR). He has advocated for human rights, and for transparency about the fate of the detained and disappeared, since the start of the Syrian conflict through SNHR’s hundreds of investigations and reports and via advocacy at the highest levels of international policymaking.

“It is critically important to recall the systematic and widespread detention and forced disappearance of thousands and thousands of Syrians, especially activists and medical staff on the front lines. For more than 10 years, the international community and the UN Security Council have failed to secure their release or to shed light on their fate. The Syrian Network for Human Rights is working with PHR to put strong pressure on the international community and the Syrian regime and its allies to resolve this issue, which is a crucial element in any peace process.”


Photo: Courtesy of Fadel Abdul Ghany
Blazing Victories on the Path to Justice for Sexual Violence Survivors

Survivors of sexual violence deserve protection, healing, reparations, and the chance to see those who harmed them held accountable. For more than 10 years, PHR’s Program on Sexual Violence in Conflict Zones and our partners have worked to safeguard these rights for survivors. We’ve trained thousands of medical professionals, police officers, lawyers, and judges to work together to forensically document cases of sexual violence, and to preserve, transmit, and interpret this evidence so that perpetrators can be prosecuted for their crimes.

"After more than seven years of litigation and delays, some justice has finally been served. The court’s decision will reverberate widely for the prevention, investigation and prosecution of sexual and gender-based violence in Kenya and around the world."

Naitore Nyamu, PHR Kenya Head of Office

A Kenyan survivor of sexual violence waits for the judgment in a case she and seven other survivors, along with PHR and three Kenyan NGOs, brought against the government for its failure to protect them and to investigate and prosecute a wave of sexual violence crimes following the 2007 elections. In a landmark judgment, Kenya’s High Court ruled in favor of four of the survivors. Photo: Luis Tato for Physicians for Human Rights.
Sylvester Mesa is a clinical officer at Naivasha County Referral Hospital in Kenya, where he has been a crucial partner with PHR in the co-design of our MediCapt app and was part of the team that pioneered its use.

“MediCapt is revolutionizing how we document evidence of sexual violence. The safety features that come with digitizing medical reports and other evidence – security settings, automated backups, and chain of custody trails – keep documents protected from the vulnerabilities that paper is susceptible to. It’s quick and easy to retrieve the documents, access is 24/7/365, and the documents are immediately available to be presented in court – all this is enabling us to serve our survivors better and faster. With MediCapt, we are improving survivors’ chances that justice will be delivered.”

Our Impact

We helped Kenyan sexual violence survivors win a landmark judgement against their government.

PHR’s strong local partnerships and critical forensic evidence helped make possible this watershed moment: it was the first time a Kenyan court found the government of Kenya responsible for the sexual violence that took place during the 2007-08 post-election violence period, and the first time that survivors were awarded compensation for the harms they suffered at the hands of state security forces.

We helped bring justice to child survivors in the Democratic Republic of the Congo (DRC).

Our VivoMo voice modification technology for victim and witness protection and our police and clinical experts facilitated child witnesses’ testimonies and helped send militia leader Chance Muhonya Kolokoloto to prison for life for war crimes and crimes against humanity.

In the DRC, we launched PHR’s award-winning MediCapt app, which is transforming the path to justice for survivors.

The groundbreaking technology can help clinicians document medical evidence of sexual violence, safely store it, and securely transmit it to police, lawyers, and judges who prosecute crimes of sexual violence. Co-created with our partners, the app went live with patients in Kenya in 2018.

We’re paving the way for accountability for sexual violence and torture in Iraq.

We forged crucial partnerships with key governmental and non-governmental stakeholders, multisectoral networks that will ensure rights-respecting, equitable, and evidence-based documentation of these crimes – and, ultimately, accountability and justice for survivors.
For 30 years, the Physicians for Human Rights Student Program has built a community of future leaders committed to ending human rights violations through medical careers guided by a human rights framework. The Student Program provides medical students and young health professionals in 90 chapters based at medical schools across the United States and around the world with the resources to engage with the larger PHR network and to cultivate skills as the next generation of advocates for health and human rights locally, nationally, and globally. Some of our most impactful partners and activists were once PHR student leaders.
Medical and health professions students and PHR staff attending the 2019 Physicians for Human Rights National Student Conference at Harvard Medical School in Boston, MA. Photo: Jeffrey Dong

Veena Mehta and Shefali Sood
PHR Student Advisory Board Co-Directors

Veena Mehta (above) is an MD candidate at the Medical University of South Carolina. Shefali Sood (below) is an MD/MPA candidate at New York University Grossman School of Medicine and Robert F. Wagner Graduate School of Public Service.

“Over the past year, we have seen the student interest in PHR grow exponentially. Medical students are realizing the intersection between our day-to-day work in health care and the goals of social advocacy. Our work as co-directors has given us a platform to explore the connection between our future aspirations in surgical specialties and our passion for human rights.”
Every year, Physicians for Human Rights receives nearly $400,000 in donated and in-kind services. This list represents only a fraction of the thousands of physicians, scientists, lawyers, other health and legal professionals, activists, and PHR interns who volunteer their time and expertise to help us document and call attention to mass atrocities and severe human rights violations. We thank them all.

Volunteers

Aula Abbara, MD, MBBS, DTMH
Cynthia Abraham, MD
Peter Ackerman, MD
Suzana Adams, PSYD
Melanie Adem, LCSW
Sanjay Adhya, MD
Ahmad Adi, MBSS, MPH
Harrison Adika, LLB
Joanne Ahola, MD
Mouthana Al-Assaf, MD
Hala Alghawi, MD
Fadi Al-Hakim, MD
Ahmed Al-Kathib, MD
Hala Al-Sarraf, BA, MPH
Monica Alazate, LCSW, PhD
Loren Amudson, MD
Eddy Ameen, PHD
Jean Paul Amisi Mubwala-Boko
Michael Anastario, PhD
Andrews
Ellen Arfin, LCSW
Edith Anias, LCSW, MSC
David Arond, MD
Lena Asaad, MD
Ali Asghar-Ali, MD
Carl Auerbach, PhD
April Autry, MPH, PA
Joan Avedisian, LCSW
Amelia Averyt, MD
Dietrich Ayala
Glore Bamporike Ndimubandi
Isaac Barhishindi Kibalama, MD
Stacy Barron, MD
Josephat Bashomeka Mutayongwa
Jasit Beausang, MD
Diana Becker, DO
Jasjit Beausang, MD
Josaphat Bashomeka Mutayongwa

Advisory Council

Kerry J. Sulkowicz, MD, Chair
Salim S. Abdool Karim, MD, PhD, FRS
Patrick Ball, PhD
Nicholas Bequelin, PhD
Christopher Beyrer, MD, MPH
Monica E. Peek, MD, MPH, MS, FACP
Vivienne Nathanson, MD
Tawanda Mutasah, MM, LLB (Hons), John Kimani Mungai, MSc
Vincent Iacopino, MD, PhD
Howard Hu, MD, MPH, ScD
Gerson H. Smoger, JD, PhD
Laurens Van Houtven, Latacora
Marine Buissonnière, MPP
Christopher Beyrer, MD, MPH
Nicholas Bequelin, PhD
Patrick Ball, PhD
Salim S. Abdool Karim, MD, PhD, FRS
Brigadier General (Ret.) Matthew Wynia, MD, MPH
Patricia Viseur Sellers, JD
Gerson H. Smoger, JD, PhD

Technical Advisory Board

Dietrich Ayala, Protocol Labs
Andrei Barbu, PhD, Massachusetts Institute of Technology
Giang Nguyen, PhD, Facebook
Christianne Rutten, Data4Life
Laurens Van Houtven, Latacora

Alyssa Clayden, LISW
Patricia Close, MD
Amy Cohen, MD
Tania Coiner, PHD
Melissa Cole, LPC
Janice Colton, PhD
Cynthia Conner, LCSW
Begona Cortina Segurola, LCSW
Sondra Crosby, MD
Mohammad Darwish, MD, MPH
Trish Dayan, LCSW
Brian D’Cruz, MD
Jodi Dean, LCSW, MA
Arkaprava Deb, MD, MPH
DeeDeeBoard-Lucas, PHD
Donna DeLone, LCSW, BCD
Michael Devin, MD
Chanelle Diaz, MD, MPH
Elizabeth Dohrman, MD
Sarah Dougherty, JD, MPH
Doyensec
Mihaela Dranoff, PhD
Michael Drusano, MD
Maria Duenas, MD
Rebecca Dultit, MD
Kathleen Dussan, MD
Silvia Dutchevici, LCSW
Rossanna Echegoyen, LCSW
Barbara Eisdol, MD
Brian Elmore
Eleanor Emery, MD
Ewune Evane, MA, LPA
Jacqueline Ndeye Néné Fall, DUPP, DEA
Dahia Fateen
J. Grey Faulkenerberry, MD
Mary Jo Fink, MD
Miriam Ford, FNP, PhD
Noemi Ford, PSYD
Frances Geteles-Shapiro, PhD
Julia Geynisman-Tan, MD
Lyne Gaby, MD
Frances Geteles-Shapiro, PhD
Julia Geynisman-Tan, MD
Minal Giri, MD
Stephen Githinji
Ariel Glick, PSYD
David Glosser, MD
Anju Goel, MD, MPH
Ewune Evane, MA, LPA
Jacqueline Ndeye Néné Fall, DUPP, DEA
Dahia Fateen
J. Grey Faulkenerberry, MD
Mary Jo Fink, MD
Miriam Ford, FNP, PhD
Noemi Ford, PSYD
Frances Geteles-Shapiro, PhD
Julia Geynisman-Tan, MD
Minal Giri, MD
Stephen Githinji
Ariel Glick, PSYD
David Glosser, MD
Anju Goel, MD, MPH
Jeffrey Goldberg, MD
Eric Goldsmith, MD
Lisa Goldstein, MD
Rachel Goldsmith, PhD
Retha Goodglick, MD
Linda Gordon, LCSW-C, MSW
Mollie Gordon, MD
Elizabeth Gore, PhD
Dietrich Ayala, Protocol Labs
Andrei Barbu, PhD, Massachusetts Institute of Technology
Giang Nguyen, PhD, Facebook
Christianne Rutten, Data4Life
Laurens Van Houtven, Latacora
Board of Directors

Alan Jones, MBA, Chair*
Adrian Arena
Deborah D. Ascheim, MD, Vice-Chair**†
Kristin Auerbach
Marion J. Bergman, MD, MPA*
Susan M. Blaustein, DMA, MMA
David Dantzker, MD, Treasurer*
Kathleen M. Foley, MD, Secretary*
Justice Richard J. Goldstone
Raymond P. Happy*
Richard Horton, FRCP, FMedSci
Ambassador Stephen J. Rapp, JD
Adam Richards, MD, PhD, MPH
Anthony D. Romero, JD
Gail Saltz, MD
Dana C. Stone, LMSW, MS, OT*
Kerry J. Sulikowicz, MD*†
Darren Thompson, MBA
Lois Whitman, JD, MSW

Emeritus Board Members
Frank Davidoff, MD, MACP
Robert S. Lawrence, MD*

* Members of PHR’s Executive Committee
† Past Board Chair

Executive Management Team

Jennifer Sime, MA, Chief Operating Officer and Interim Executive Director
John Mix, MS, Chief Marketing and Development Officer
Karen Naimer, JD, LLM, MA, Director of Programs

Advocacy

Michael Payne, Deputy Director, Advocacy

Communications

Hannah Dunphy, MA, Digital Communications Manager
Claudia Rader, MS, Senior Communications Manager
Kevin Short, Media Strategy, Senior Manager
Niti Iyer, MS, Digital Director

Development

Masha Katz-Baer, MS, Director of Individual Giving and Board Liaison
Clémence Faust, Grant Writer and Project Manager

Finance and Administration

Nicole Diaz-Baez, Staff Accountant
Jennifer Elam, MPA, Senior Grants Manager
Janet Lyall, Deputy Director of Human Resources
Samantha Peck, Executive Assistant

Medical Experts

Michele Heisler, MD, MPA, Medical Director
Ranit Mishori, MD, MHS, Senior Medical Advisor

Policy and Programs

Houssam Al-Nahhas, MD, MPH, Middle East and North Africa Researcher, Research and Investigations
Abdulrazzaq Al-Saiedi, MPA, Iraq Technical Expert
Britney Eringuez, MA, Program Associate, Asylum Program
Christian De Vos, JD, PhD, Director of Research and Investigations
Lindsey Green, MA, Program Officer, Program on Sexual Violence in Conflict Zones
Maram Haddad, MA, Program Officer, Research and Investigations
Kathryn Hampton, MSt, MA, Deputy Director, Asylum Program
Suzanne Kidenda, Senior Program Officer, Kenya, Program on Sexual Violence in Conflict Zones
Georges Kuzma, Police and Justice Expert, Program on Sexual Violence in Conflict Zones
Thomas McHale, SM, Deputy Director, Program on Sexual Violence in Conflict Zones
John Miller, MediCapt Technical Project Manager, Program on Sexual Violence in Conflict Zones
Joyeux Mushekuru, JD, Coordinator, DRC, Program on Sexual Violence in Conflict Zones
Joanna Naples-Mitchell, JD, U.S. Researcher, Research and Investigations
Alice Ngari, Program Associate, Kenya, Program on Sexual Violence in Conflict Zones
Naitore Nyamu-Mathenge, LLM, MA, Head of Office, Kenya, Program on Sexual Violence in Conflict Zones
Michel Nzola, Program and Operations Associate, DRC, Program on Sexual Violence in Conflict Zones
Elizeba Owange, Program and Operations Associate, Kenya, Program on Sexual Violence in Conflict Zones
Payal Shah, Director, Program on Sexual Violence in Conflict Zones
Susannah Sirkin, MEd, Director of Policy
Helen Wamuyu, MediCapt Manager, Kenya, Program on Sexual Violence in Conflict Zones
Kaitlyn Wilson, Program Associate

* Board and Staff
**Fiscal Year Ending June 30, 2021**

### Operating Revenue

- **Contributions from Individuals**: $3,301,801 (9.15%)
- **Foundation and Government Grants**: $3,240,431 (5.14%)
- **Investment Income (Net of Fees)**: $700,214 (0.18%)
- **In-kind Contributions**: $393,027 (42.36%)
- **Other**: $13,672 (43.17%)

**Total Operating Revenue for FY21**: $7,649,145

### Operating Expenses

**Program Services**: $6,662,103 (13.63%)

**Fundraising**: $1,193,152 (10.24%)

**Management and General**: $896,129 (76.13%)

**Total Operating Expenses**: $8,325,246

---

**Statement of Financial Position (for the year ending June 30, 2021)**

#### Assets

- **Investments**: $8,117,739
- **Cash and Cash Equivalents**: $5,407,843
- **Grant and Contribution Receivables**: $2,061,674
- **Prepaid Expenses and Other**: $567,602
- **Deposits**: $250,515
- **Property and Equipment, Net of Depreciation**: $98,200

**Total Assets**: $16,410,709

#### Liabilities and Net Assets

- **Temporarily Restricted Assets**: $8,083,084
- **Unrestricted Assets**: $7,137,827
- **Loan Payable**: $724,627
- **Accounts Payable**: $354,390
- **Accrued Expenses**: $88,377

**Total Liabilities and Net Assets**: $16,638,820

---

*Includes Gala Revenue net of direct expenses

**Includes Temporary Restricted Contributions for Future Years**
For more than 35 years, Physicians for Human Rights (PHR) has used science and the uniquely credible voices of medical professionals to document and call attention to severe human rights violations around the world. PHR, which shared in the Nobel Peace Prize for its work to end the scourge of landmines, uses its investigations and expertise to advocate for persecuted health workers and facilities under attack, prevent torture, document mass atrocities, and hold those who violate human rights accountable.

Through evidence, change is possible.